

## Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

### Effect of allergy on response to treatment of nongonococcal urethritis

Sir,

Nongonococcal urethritis (NGU) is almost certainly not a single disease entity. Although it is widely accepted that urethral infection, notably by *Chlamydia trachomatis*, is a major factor in the pathogenesis (Holmes *et al.*, 1975), there are many cases—particularly of recurrent NGU—where the aetiology is obscure and the results of therapy variable and irregular. Previous searches for an immune mechanism (Csonka *et al.*, 1974) have been inconclusive, but I describe here an apparent association between a poor clinical response to antimicrobial treatment and a history of hypersensitivity or allergic reactions.

times daily for two weeks. They were then divided into those who showed symptomatic improvement associated with a reduction in the number of urethral pus cells to less than 10 per high-power field ('responders'), and those who did not ('non-responders').

Of the 198 patients diagnosed as having NGU only 51 (26%) could be included in the study for various reasons, which included failure to attend for follow up. Twenty-seven of these were new cases of NGU and 24 had a second or subsequent attack. A history suggestive of allergic reactions was given by 19 (35%) of the patients; and such patients, whether they had first attacks of NGU or recurrences, were less likely to respond to the initial course of antibiotics than were normal patients. This difference is most noticeable among patients with recurrences (Table).

Because of the small sample size both new cases and recurrences were considered

### References

- Csonka, G. W., *et al.* (1974). Raised levels of an unknown betaglobulin in the serum of patients with non-specific urethritis and Reiter's disease. *British Journal of Venereal Diseases*, **50**, 17-21.
- Holmes, K. K., *et al.* (1975). Etiology of nongonococcal urethritis. *New England Journal of Medicine*, **292** (23), 1199-1205.
- Weston, T. E. T. (1965). An allergic basis for non-specific urethritis. *British Journal of Venereal Diseases*, **41**, 107-116.

TO THE EDITOR, *British Journal of Venereal Diseases*

### Management of non-specific urethritis in men

Sir,

In their lengthy and detailed assessment of various tetracycline treatments of non-specific urethritis, Arya *et al.* (1978) evaluated the effect of empirical treatment of contacts in a sample of 112 patients from the total of 562 patients who were adequately followed up. The overall retreatment rate in the whole trial group was 27% whereas the retreatment rate in the sample was 46%. This difference is statistically significant ( $\chi^2$  18.662 with Yates's correction;  $P < 0.001$ ). In other words, the sample (selected by contact attendance) was not representative of the trial group as a whole, and the conclusion that 'treatment of sexual contacts before resumption of sexual intercourse significantly reduced the retreatment rate' is not valid. In fact, the 'contact treated before further intercourse' group had much the same retreatment rate (25%) as was found in the trial as a whole.

Why should the retreatment rate be so high in the sample with a contact attendance? May I suggest that this was biased by treatment failure among those in whom it was delayed? Unfortunately no figures are given for this important interval.

Yours faithfully,

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### Reference

- Arya, O. P., Alergant, C. D., Annels, E. H., Carey, P. B., Ghosh, A. K., and Goddard, A. D. (1978). Management of non-specific urethritis in men: Evaluation of six treatment regimens and effect of other factors including alcohol and sexual intercourse. *British Journal of Venereal Diseases*, **54**, 414-421.

Table Results of treatment of 51 patients with NGU

Diagnosis of NGU	History of allergy	No. of patients treated	No. failing to respond
First attack	Present	9	3
	Absent	18	3
Second or subsequent attack	Present	10	7
	Absent	14	1

For this pilot study all new and recurrent cases of NGU in men attending the Department of Genitourinary Medicine at University College Hospital over a period of two months were assessed. The diagnostic criteria were: complaint of dysuria, discharge or urethral discomfort, visible discharge or meatal inflammation, and the presence of more than 10 polymorphonuclear neutrophils per microscopic field using  $\times 100$  objective and  $\times 10$  eye piece of the urethral smear of symptomatic patients from whom no gonococci were isolated and who had no evidence of *Trichomonas vaginalis* or other recognisable genital infection. All these patients were asked if they had any history of allergic diseases including asthma, eczema, allergic rhinitis, or skin sensitivity to substances other than drugs.

All patients in the study group were treated with oxytetracycline 250 mg four

together for statistical purposes. The difference between the response of normal and allergic patients is significant to  $P < 0.01$ . These results suggest that the possibility of an 'allergic' basis for some cases of NGU should be reassessed (Weston, 1965). One possible mechanism is that in most cases NGU is initiated by an exogenous infection, for example, with *C. trachomatis*, which then sensitises the urethra of a susceptible individual to a number of probably non-infective stimuli.

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Yours faithfully,

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